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TRANSMITTAL FORM		Application Number																																					
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		December 16, 2003																																					
		First Named Inventor																																					
		Sathish Kumar																																					
Group Art Unit		2186																																					
Examiner Name		Not Yet Known																																					
Attorney Docket Number		15149US02																																					
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ENCLOSURES (check all that apply)																																							
<table border="0"><tr><td><input type="checkbox"/> Fee Transmittal Form</td><td><input type="checkbox"/> Assignment Papers (for an Application)</td><td><input type="checkbox"/> After Allowance Communication to Group</td></tr><tr><td><input type="checkbox"/> Fee Attached</td><td><input type="checkbox"/> Drawing(s) (sheets)</td><td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td></tr><tr><td><input type="checkbox"/> Amendment/Reply</td><td><input type="checkbox"/> Licensing-related Papers</td><td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td></tr><tr><td><input type="checkbox"/> After Final</td><td><input type="checkbox"/> Petition</td><td><input type="checkbox"/> Proprietary Information</td></tr><tr><td><input type="checkbox"/> Affidavits/declaration(s)</td><td><input type="checkbox"/> Petition to Convert to a Provisional Application</td><td><input type="checkbox"/> Status Letter</td></tr><tr><td><input type="checkbox"/> Extension of Time Request</td><td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td><td><input checked="" type="checkbox"/> Certificate under 37 C.F.R. § 3.73(b)</td></tr><tr><td><input type="checkbox"/> Express Abandonment Request</td><td><input type="checkbox"/> Terminal Disclaimer</td><td><input checked="" type="checkbox"/> Power of Attorney from Assignee</td></tr><tr><td><input type="checkbox"/> Information Disclosure Statement</td><td><input type="checkbox"/> Request for Refund</td><td><input checked="" type="checkbox"/> Return Receipt Postcard</td></tr><tr><td><input type="checkbox"/> PTO 1449/08A with references</td><td><input type="checkbox"/> CD Number of CD(s) _____</td><td><input type="checkbox"/> Other Enclosure(s) (please identify below):</td></tr><tr><td><input type="checkbox"/> Certified Copy of Priority Document(s)</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts/Incomplete Application</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td></td><td></td></tr></table>				<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) (sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Certificate under 37 C.F.R. § 3.73(b)	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Power of Attorney from Assignee	<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> PTO 1449/08A with references	<input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):	<input type="checkbox"/> Certified Copy of Priority Document(s)			<input type="checkbox"/> Response to Missing Parts/Incomplete Application			<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
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Remarks																																							
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